

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO.        | DATE                |
|---------------------------|----------|---------------|---------------------|
| FEE DETERMINATION         | TD       |               | 3-3-00              |
| O.I.P.E. CLASSIFIER       |          | 19            | 3-5-00              |
| FORMALITY REVIEW          |          |               |                     |
| RESPONSE FORMALITY REVIEW | KD<br>ST | 68972<br>1021 | 4/17/00<br>09/13/02 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

3/26/03 AM

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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85-8-30583  
 01/14/02